

Division of Child Development and Early Education
Checklist for Subsidy Services Section

Date:	Time In:	Time Out:	Type:
Facility:			
License Number:	County:	Licensed Capacity:	
Facility Address:		Mailing Address:	
Provider/Owner:			
Person(s) interviewed:			
Type of Facility:		Stars:	
Funding Sources: <input type="checkbox"/> Private Pay <input type="checkbox"/> Subsidy <input type="checkbox"/> CACFP <input type="checkbox"/> Smart Start <input type="checkbox"/> NC Pre K			

Month(s) reviewed?

Records Provided: ☐ Daily Attendance ☐ Arrival and Departure Records ☐ See comments

Do you maintain CACFP attendance? ☐ Yes ☐ No ☐ N/A

Have you ever been cited with a serious deficiency, disqualified, or terminated from CACFP or any CACFP contractor? ☐ Yes ☐ No

Which attendance record(s) is used to submit attendance in the NC FAST Provider Portal?

Are the private pay rates on the attached Approval Notice correct? ☐ Yes ☐ No

Does provider collect parent fee/copay? ☐ Yes ☐ No

Does provider issue receipts to parents receiving subsidies? ☐ Yes ☐ No

Have any children receiving SCCA funding been absent for more than 10 days this month? ☐ Yes ☐ No

Do you report to the LPA when a child receiving SCCA funding is absent for more than 10 days in a month? ☐ Yes ☐ No

Technical Assistance provided:

<input type="checkbox"/> Attendance & arrival/departure records completed accurately <input type="checkbox"/> Private Pay Rates Reflect Submitted Rates <input type="checkbox"/> Receipts Provided to Parents <input type="checkbox"/> Training Videos Reviewed	<input type="checkbox"/> Attendance & arrival/departure records completed daily <input type="checkbox"/> NC FAST Job Aids Reviewed <input type="checkbox"/> Provider Agreement Reviewed <input type="checkbox"/> Other:
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Consultant Visit Comments:

Follow-up Task for Provider:

Follow-up Task for Consultant:

If you have questions about information contained in this form, please contact me at:

The Division and/or Local Purchasing Agency may take action against me and/or my facility based on any errors found related to the record review. Any errors found may subject me and/or my facility to administrative action including, but not limited to a Corrective Action Plan, overpayments, revocation of my license, termination of participation in the Subsidized Child Care Assistance Program, and subsidy sanctions.

SIGNATURE AND TITLE OF PERSON IN CHARGE

DATE

CONSULTANT SIGNATURE

DATE